January 2017 Active Enrollments

Healthy Connections PRIME

Enrollment Breakdown by Source

OPT-IN VS. PASSIVE ENROLLMENTS

Opt-in Enrollments
1,607
18%

Passive Enrollments
7,374
82%
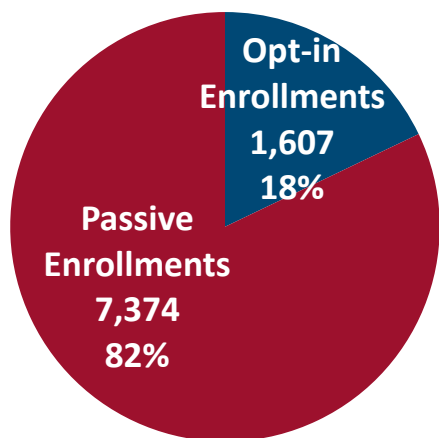
TOTAL ENROLLMENT BY MONTH*

Month	Enrollment
Feb-16	~1,800
Mar-16	~1,850
Apr-16	~6,000
May-16	~5,750
Jun-16	~5,500
Jul-16	~9,500
Aug-16	~9,000
Sep-16	~8,150
Oct-16	~7,900
Nov-16	~9,600
Dec-16	~9,450
Jan-17	~9,000
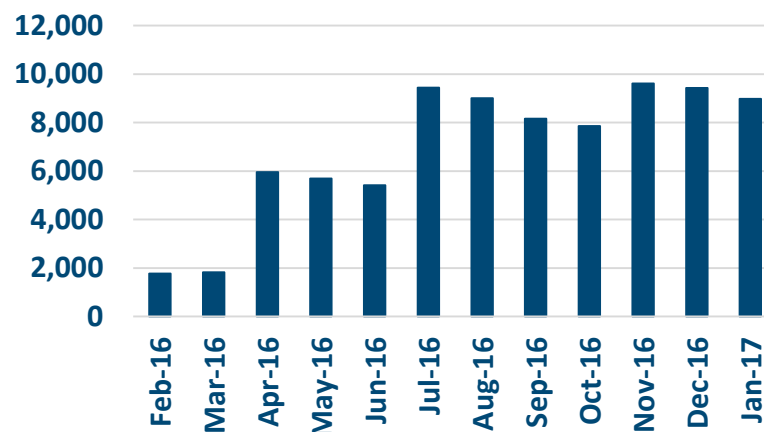
Dec Active Enrollments
8,981

Dec Active Enrollments
9,434

Monthly Enrollment Change
-5%

Nursing Facility Usage and Enrollee Demographics

NURSING FACILITY UTILIZATION

Type of Stay	Total
*Non-Custodial	30
Custodial	84
Total	114

* Portions of this chart are self-reported MMP data.

ENROLLEE POPULATION BREAKDOWN

7,531
1,366
84
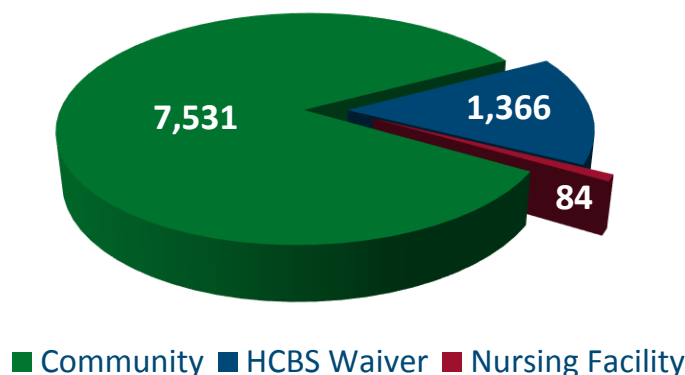
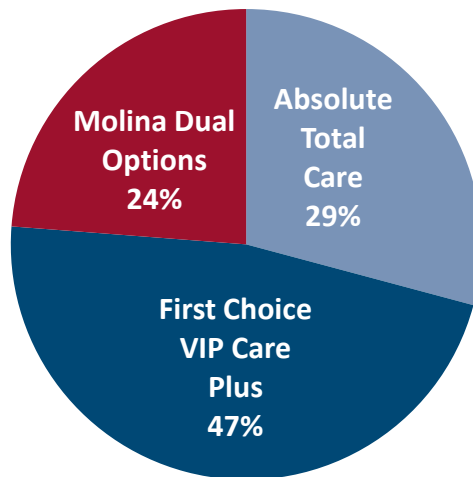■ Community   ■ HCBS Waiver   ■ Nursing Facility

Healthy Connections Prime in AARP Publication

Healthy Connections Prime was featured in a first-of-its-kind AARP research paper for Long-Term Services and Supports (LTSS) and family caregivers' needs. Researchers found managed care can advance person and family-centered care, leading to better overall care for members. Healthy Connections Prime was recognized for its requirements for Medicare-Medicaid Plans to engage in dementia-capable training and to identify family caregivers and assess their need for support. The full report and a report summary is located on the AARP Public Policy Institute website.

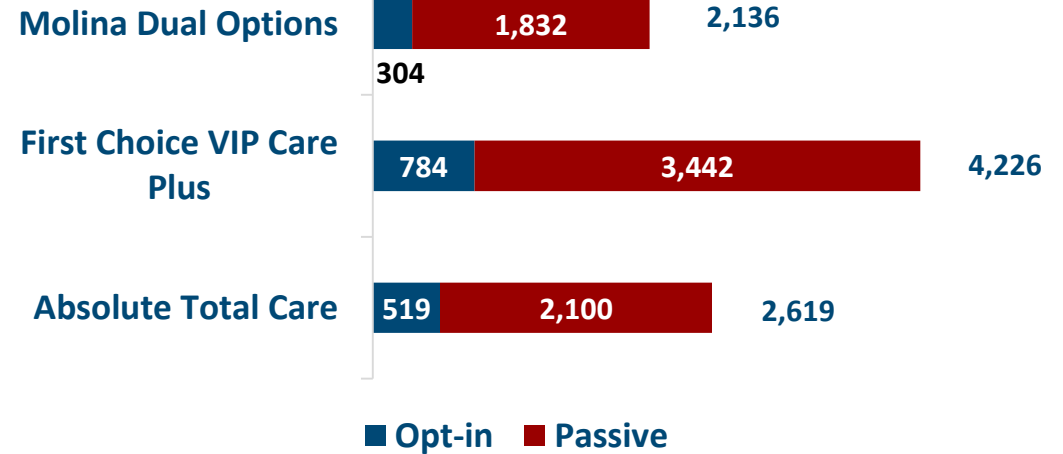* Coverage for Wave 1 passive enrollees started on April 1, 2016 and coverage for Wave 2 passive enrollees started on July 1, 2016
Sources: SCDHHS Medicaid Management Information System, CMS Monthly Full Enrollment Data File (Updated January 2017)

1

January 2017 Active Enrollments

Healthy Connections
PRIME

Enrollment by Plan

ENROLLMENT PERCENTAGE BY PLAN

Pie chart:
- Absolute Total Care 29%
- Molina Dual Options 24%
- First Choice VIP Care Plus 47%

ENROLLMENT SOURCE BY PLAN

Total: 8,981

Plan	Opt-in	Passive	Total
Molina Dual Options	304	1,832	2,136
First Choice VIP Care Plus	784	3,442	4,226
Absolute Total Care	519	2,100	2,619

■ Opt-in ■ Passive

Monthly Enrollment By Plan

Legend:
- Absolute Total Care
- First Choice VIP Care Plus
- Molina Dual Options

Months: Feb-16, Mar-16, Apr-16, May-16, Jun-16, Jul-16, Aug-16, Sep-16, Oct-16, Nov-16, Dec-16, Jan-17
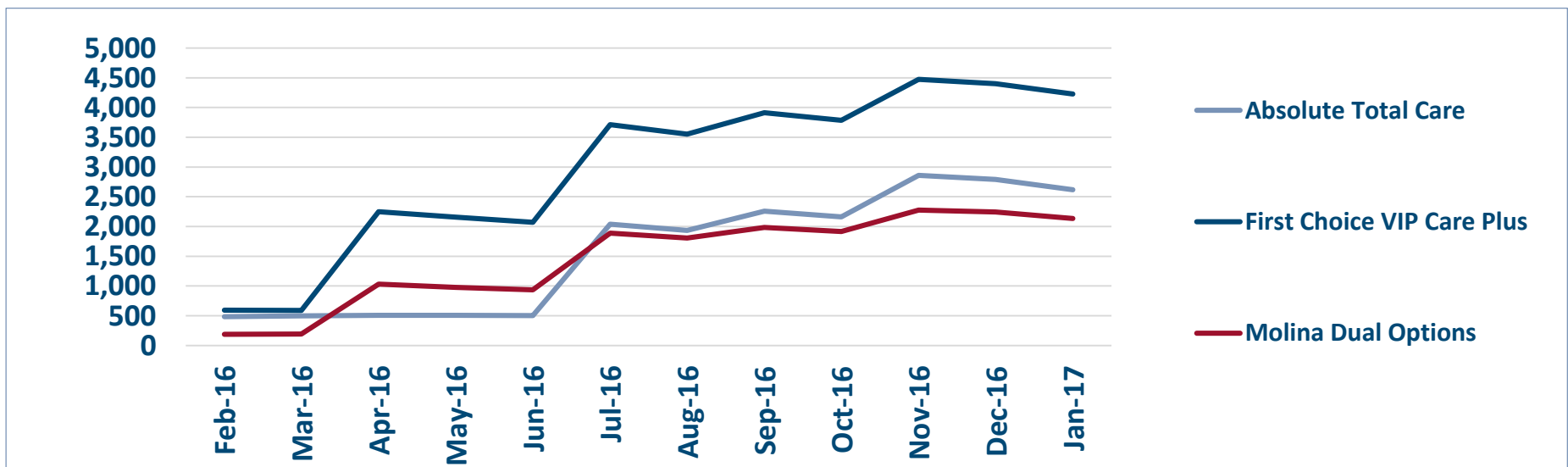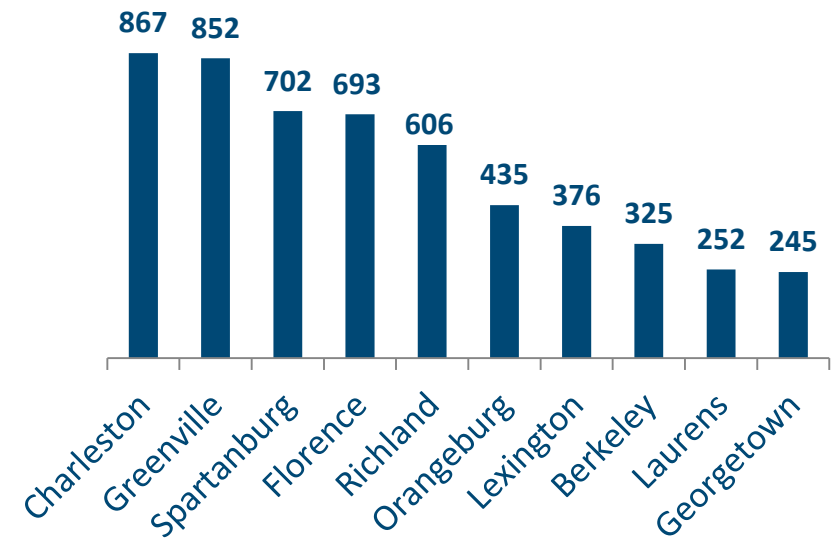
Healthy Connections Prime Active Enrollment — Jan 2017

County	Absolute Total Care	First Choice VIP Care Plus	Molina Dual Options	County Total
Abbeville	30	75	0	105
Aiken	0	0	0	0
Allendale	0	24	25	49
Anderson	0	212	0	212
Bamberg	18	28	31	77
Barnwell	16	30	25	71
Beaufort	92	96	0	188
Berkeley	160	165	0	325
Calhoun	16	13	23	52
Charleston	306	324	237	867
Cherokee	0	103	0	103
Chester	34	37	51	122
Chesterfield	75	70	62	207
Clarendon	82	91	1	174
Colleton	65	48	53	166
Darlington	0	0	0	0
Dillon	65	65	64	194
Dorchester	0	0	0	0
Edgefield	0	37	42	79
Fairfield	30	55	44	129
Florence	204	220	269	693
Georgetown	123	122	0	245
Greenville	214	329	309	852
Greenwood	0	10	0	10
Hampton	47	51	0	98
Horry	0	0	0	0
Jasper	34	25	0	59
Kershaw	33	87	85	205
Lancaster	0	0	0	0
Laurens	44	120	88	252
Lee	37	42	48	127
Lexington	67	155	154	376
McCormick	72	63	86	221
Marion	50	54	53	157
Marlboro	8	18	12	38
Newberry	19	47	43	109
Oconee	0	111	0	111
Orangeburg	214	221	0	435
Pickens	64	163	0	227
Richland	157	238	211	606
Saluda	13	24	21	58
Spartanburg	157	545	0	702
Sumter	0	0	0	0
Union	10	43	33	86
Williamsburg	63	65	66	194
York	0	0	0	0
Total	**2,619**	**4,226**	**2,136**	**8,981**

Sources: SCDHHS Medicaid Management Information System, CMS Monthly Full Enrollment Data File
(Updated January 2017)

TOP 10 COUNTIES BY ENROLLMENT

| County	Enrollment
Charleston	867
Greenville	852
Spartanburg	702
Florence	693
Richland	606
Orangeburg	435
Lexington	376
Berkeley	325
Laurens	252
Georgetown	245

HEALTHY CONNECTIONS PRIME COUNTY PARTICIPATION
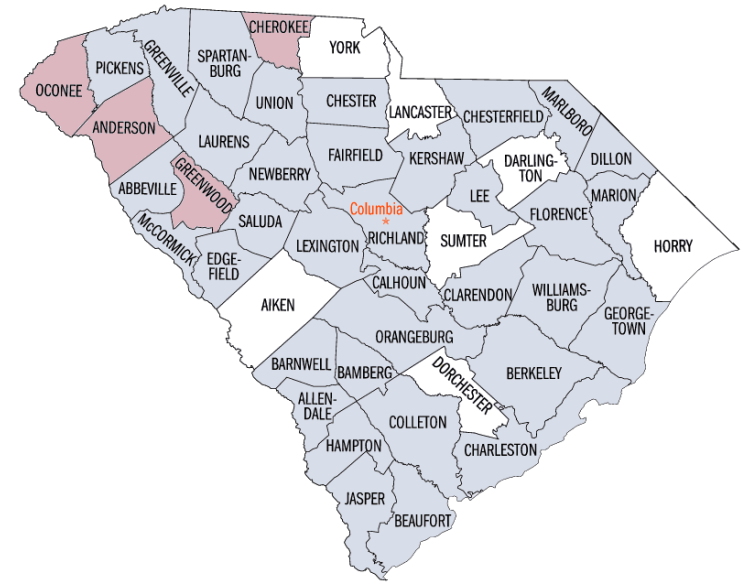
☐ Eligible for Passive Enrollment (More than one plan is available)

☐ Eligible for Opt-In Enrollment but not Passive Enrollment (Only one plan is available)

☐ Healthy Connections Prime is not yet available

County	Absolute Total Care	First Choice VIP Care Plus	Molina Dual Options	County Total
Abbeville	6	11	0	17
Aiken	0	0	0	0
Allendale	0	5	4	9
Anderson	0	44	0	44
Bamberg	6	4	6	16
Barnwell	5	3	1	9
Beaufort	7	8	0	15
Berkeley	21	28	0	49
Calhoun	5	0	3	8
Charleston	25	42	34	101
Cherokee	0	16	0	16
Chester	10	8	10	28
Chesterfield	0	7	6	13
Clarendon	14	29	0	43
Colleton	7	8	2	17
Darlington	0	0	0	0
Dillon	4	12	4	20
Dorchester	0	0	0	0
Edgefield	0	6	4	10
Fairfield	8	13	7	28
Florence	25	32	37	94
Georgetown	29	22	0	51
Greenville	56	51	51	158
Greenwood	0	0	0	0
Hampton	6	3	0	9
Horry	0	0	0	0
Jasper	2	0	0	2
Kershaw	4	10	14	28
Lancaster	0	0	0	0
Laurens	16	12	14	42
Lee	5	6	7	18
Lexington	12	25	14	51
Marion	15	14	15	44
Marlboro	9	5	3	17
McCormick	3	1	1	5
Newberry	3	11	3	17
Oconee	0	21	0	21
Orangeburg	33	34	0	67
Pickens	22	32	0	54
Richland	29	40	28	97
Saluda	2	0	2	4
Spartanburg	23	58	0	81
Sumter	0	0	0	0
Union	2	4	3	9
Williamsburg	20	17	17	54
York	0	0	0	0
Total	**434**	**642**	**290**	**1,366**

Healthy Connections Prime HCBS Waiver Enrollment — Jan 2017

CURRENT TOP 10 COUNTIES BY WAIVER ENROLLMENT
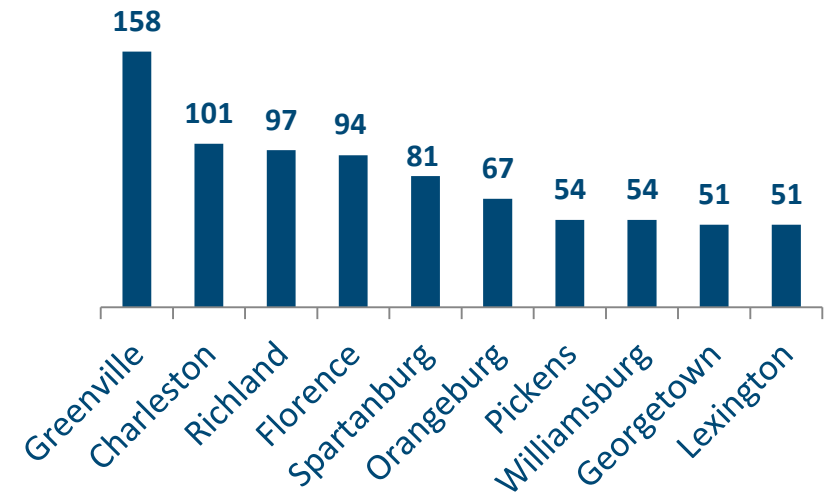
HCBS WAIVER UTILIZATION

Waiver Service	Total
Community Choices	1,343
HIV/AIDS	21
Mechanical Ventilator Dependent	2
Total	1,366

Glossary of Key Terms

- **Active Enrollment:** Members with active coverage under Healthy Connections Prime. This does not include individuals who are enrolled but whose coverage has not started yet.

- **Cancellation:** A request by an individual to be removed from the program **before** the coverage effective date. For example: An individual has been passively enrolled into a Medicare-Medicaid plan but they ask to leave the program before the coverage effective date. This request will delete the enrollment from all enrollment systems. This would be considered a cancellation.

- **Community:** At home or in a community-based setting, such as a Community Residential Care Facility (CRCF). Not in a nursing facility.

- **Custodial Stay:** A member's stay in a nursing facility for long term care, and not for temporary rehabilitation.

- **Disenrollment:** A request by an individual to be removed from the program **after** the coverage effective date. For example: An individual has opted into a Medicare-Medicaid plan but they ask to leave the program after the coverage effective date. This request will end the current enrollment coverage at the end of the month it is submitted. This would be considered a disenrollment.

- **Home and Community Based Services (HCBS) Waiver:** HCBS waivers provide services and supports for persons eligible for nursing home care stay longer in the community (home and community-based settings). Examples of such services and supports are: assistance getting dressed, home delivered meals, and wheelchair ramps. HCBS are offered through one of three waivers: Community Choices, HIV/AIDS, and Mechanical Ventilator Dependent. Plans may also offer these services to non-waiver participants based on medical need.

- **Non-Custodial Stay:** A member's stay in a nursing facility for temporary rehabilitation and not for long term care.

- **Opt-in Enrollment:** A request by an eligible individual to actively join a Medicare-Medicaid plan.

- **Opt-out:** A request by an individual to affirmatively decline passive enrollment into the Healthy Connections Prime program. Once an individual has opted out, the State must document this and exclude him/her from future passive enrollment processing. There are three scenarios where opt-out requests can be received:

  – The individual opts-in or is passively enrolled, and then opts out **before** the enrollment effective date. The State must **cancel** the enrollment along with opting the individual out of the program.

  – The individual opts-in or is passively enrolled, and then opts out **on or after** the enrollment effective date. The State must **disenroll** the individual along with opting the individual out of the program.

  – An individual **has not opted-in** to the program and he/she **has not been passively enrolled** but he/she requests to opt-out. The State must opt the individual out of passive enrollment into the program.

- **Passive Enrollment:** An auto assignment into a Medicare-Medicaid plan for an eligible individual who has not actively chosen to join the program. The effective date for Wave 1 passive enrollments is April 1, 2016 and the effective date for Wave 2 passive enrollments is July 1, 2016. After July 1, 2016, newly eligible individuals will be auto-assigned monthly on an ongoing basis. Please note that if an individual does not take action to end their coverage, their membership in the program will be considered voluntary.

- **Plan:** A Medicare-Medicaid plan (MMP) that is offering coverage under Healthy Connections Prime.

For More Information

Please visit our website at http://www.scdhhs.gov/prime or call the SC Thrive Customer Service Center at (800) 726-8774, Monday-Friday, 8:30 a.m. – 5 p.m. TTY users call 711. This call is free.